



# Health | Plan | Quality & Performance | Report

**California Public Employees' Retirement System**



your CalPERS health care benefits  
**VALUE, SECURITY, CHOICE**

## Table of Contents

<b>Consider Value When Choosing a Health Plan</b> .....	1
<b>Member Satisfaction</b> .....	1
<b>Measuring Member Satisfaction</b> .....	2
Basic Plans .....	2
Medicare Plans.....	4
<b>Health Care Practices</b> .....	6
PERSCare and PERS Choice.....	6
Performance Measures .....	6
<b>Measuring Health Care Practices</b> .....	8
Basic Plans .....	8
Medicare Plans.....	10
<b>Provider Access</b> .....	12
<b>Measuring Provider Access</b> .....	13

## Consider Value When Choosing A Health Plan

CalPERS knows you consider both cost and benefits when choosing a health plan, but do you consider:

- having enough time with your doctor?
- getting all of your questions answered?
- best health care practices?
- getting access to specialists?

These are aspects of quality. If quality is important to you — **read on.**

Choose the plan with the best quality at the right price. In other words, the plan with the best **value**. Your choice of a high quality plan sends a message to contracting health plans that quality is important to you, too.

To help you decide which health plan has the greatest value for you, CalPERS has measured the quality of health plans in three major areas:

- member satisfaction;
- health care practices; and
- provider access.

## Member Satisfaction

In April of this year, CalPERS asked our members to tell us about their experiences with their health plan over the last 12 months. They were asked about the overall quality of their health plan and health care provider, their ability to get the care they need, and the amount of time their doctor spends with them. You may find this information helpful when you choose your health plan.

An independent research firm conducted the survey using a nationally-recognized, scientifically-valid survey instrument developed by the National Committee for Quality Assurance (NCQA) and the Agency for Health Care Research and Quality. These organizations are dedicated to improving the quality of care provided by managed care organizations.

Approximately 800 members from each plan were sent questionnaires. We heard back from 35 percent of those enrolled in Basic plans and 61 percent of those enrolled in Medicare plans.

Responses for Basic and Medicare members are displayed separately.

### *The Best Form of Exercise for Weight Control*

How far you go when you are exercising is more important than how fast you go. For example, walking one mile burns almost as many calories as running one mile. As a result, both are effective forms of exercise to assist with weight control.



### Important Note:

To read the following *Member Satisfaction Basic and Medicare Plan* tables, compare the HMO or PPO plan score for each measure against its **Health Plan Average (%)**. Do not compare plans within a specific rank. For example, if three plans have scores that are all “above average” on a measure, it may not be statistically valid to compare these plans within that rank due to small sample size for some measures. Only scores that are **significantly above(▲) or below(▼) average** are shown with symbols. All other scores are within the range of average.

## ▲ = Significantly Above Health Plan Average  
## = Average  
## ▼ = Significantly Below Health Plan Average

Health Plan Average:  
Statistical tests were used to determine significantly above and below average scores.  
† Results not reported because minimum population size not met.

# Measuring Member Satisfaction

## BASIC PLANS

The following table reports the percent of members who responded favorably to each question.  
The higher the percent, the greater the satisfaction.

OVERALL QUALITY ASSESSMENT				GETTING CARE			REFERRAL PROCESS			PHYSICIAN INTERACTION		HEALTH PLAN MEMBER SERVICES
HEALTH PLAN	HEALTH PLAN	HEALTH CARE PROVIDER	RECOMMEND PLAN	NO DELAYS	COUNSELING	PRESCRIPTIONS	ACCESS TO SPECIALISTS		PROCESS EXPLAINED	SPEND ENOUGH TIME	EXPLAIN THINGS	HELPFUL
							CHOICE	EASE OF REFERRALS				
	On a scale of 0 to 10, how would you rate your health plan <b>now</b> ?	On a scale of 0 to 10, how would you rate your personal doctor or nurse <b>now</b> ?	Would you <b>recommend</b> your health plan to your family or friends if they needed care?	How much of a problem, if any, were delays in health care while you waited for approval from your health plan?	How much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?	How much of a problem, if any, was it to get your prescription medicine from your health plan?	(PPOs only <sup>1</sup> ) How satisfied are you with the choice of specialists you have access to within your health plan's network?	(HMOs only <sup>2</sup> ) How satisfied are you with the ease of getting a referral to a specialist?	(HMOs only <sup>2</sup> ) Has the process for getting a referral to a specialist been explained to you?	How often did doctors or other health providers <b>spend enough time</b> with you?	How often did doctors or other health providers <b>explain things</b> in a way you could understand?	When you called your health plan, did the plan representative(s) you spoke with answer your questions?
	% responding 8, 9, or 10	% responding 8, 9, or 10	% responding <i>definitely or probably</i>	% responding <i>not a problem</i>	% responding <i>not a problem</i>	% responding <i>not a problem</i>	% responding <i>very satisfied or satisfied</i>	% responding <i>very satisfied or satisfied</i>	% responding yes	% responding <i>usually or always</i>	% responding <i>usually or always</i>	% responding yes
HMO PLANS							HMO PLANS					
Health Plan Avg. (%)	54%	69%	84%	71%	68%	70%	Question does not apply to this group.	63%	79 %	79%	90%	90%
Aetna U.S. Health Care	50	71	82	65	63	70		63	84	77	87	86
Blue Shield Access+ HMO	50	66	83	64▼	67	57▼		57	78	84	91	90
CIGNA	42▼	67	77▼	59▼	55▼	71		64	75	74	84▼	86
Health Net	51	68	86	73	66	72		66	77	79	90	89
HP of the Redwoods	59	68	87	77	78▲	64 <sup>3</sup>		62	94▲	87▲	96▲	96▲
Kaiser Permanente	62▲	67	89▲	91▲	77▲	85 ▲		68	67▼	75	91	91
Lifeguard	61▲	71	90▲	71	71	64▼ <sup>3</sup>		63	78	86▲	95▲	93
Maxicare	53	66	80	67	66	74		62	78	78	84▼	85
PacifiCare of California	56	71	84	68	64	68		62	79	75	89	91
Universal Care	*	*	*	*	*	*		*	*	*	*	*
PPO PLANS							PPO PLANS					
Health Plan Avg. (%)	67%	79%	90%	84%	79%	75 %	Question does not apply to this group.	78%		86%	94%	93%
CAHP	86▲	82	99▲	90▲	90▲	83▲		82		90	97▲	100▲
CCPOA	38▼	60▼	65▼	50▼	48▼	47▼		45▼		68▼	81▼	84▼
PERSCare	71	81	96▲	87	82	74		82		88	96▲ <sup>3</sup>	92
PERS Choice	54▼	78	86	87	81	81		77		90	96 <sup>3</sup>	91
PORAC	72	88▲	95▲	93▲	85▲	83▲		87		90	96 <sup>3</sup>	97▲

\* Universal Care was not offered to CalPERS members during 1999.

<sup>1</sup> This applies to PPO plans only and asks if there is enough choice of specialists within the PPO networks.

<sup>2</sup> This applies to HMO plans only. PPO plans do not require prior authorization for referrals to specialists.

<sup>3</sup> The rank for this score is correct even though it may look wrong. Extreme differences in plan sample sizes resulted in this statistically correct ranking.

## ▲ = Significantly Above Health Plan Average

## = Average

## ▼ = Significantly Below Health Plan Average

Health Plan Average:  
Statistical tests were used to determine significantly above and below average scores.

† Results not reported because minimum population size not met.

# Measuring Member Satisfaction

## MEDICARE PLANS

The following table reports the percent of members who responded favorably to each question.  
The higher the percent, the greater the satisfaction.

	OVERALL QUALITY ASSESSMENT			GETTING CARE			REFERRAL PROCESS		PHYSICIAN INTERACTION		HEALTH PLAN MEMBER SERVICES	
HEALTH PLAN	HEALTH PLAN	HEALTH CARE PROVIDER	RECOMMEND PLAN	NO DELAYS	COUNSELING	PRESCRIPTIONS	ACCESS TO SPECIALISTS		PROCESS EXPLAINED	SPEND ENOUGH TIME	EXPLAIN THINGS	HELPFUL
							CHOICE	EASE OF REFERRALS				
	On a scale of 0 to 10, how would you rate your health plan <b>now</b> ?	On a scale of 0 to 10, how would you rate your personal doctor or nurse <b>now</b> ?	Would you recommend your health plan to your family or friends if they needed care?	How much of a problem, if any, were delays in health care while you waited for approval from your health plan?	How much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?	How much of a problem, if any, was it to get your prescription medicine from your health plan?	(PPOs only <sup>1</sup> )  How satisfied are you with the choice of specialists you have access to within your health plan's network?	(HMOs only <sup>2</sup> )  How satisfied are you with the ease of getting a referral to a specialist?	(HMOs only <sup>2</sup> )  Has the process for getting a referral to a specialist been explained to you?	How often did doctors or other health providers <b>spend enough time</b> with you?	How often did doctors or other health providers <b>explain things</b> in a way you could understand?	When you called your health plan, did the plan representative(s) you spoke with answer your questions?
	% responding 8, 9, or 10	% responding 8, 9, or 10	% responding <i>definitely or probably</i>	% responding <i>not a problem</i>	% responding <i>not a problem</i>	% responding <i>not a problem</i>	% responding <i>very satisfied or satisfied</i>	% responding <i>very satisfied or satisfied</i>	% responding yes	% responding <i>usually or always</i>	% responding <i>usually or always</i>	% responding yes
HMO PLANS												
Health Plan Avg. (%)	76%	80%	92%	79%	79%	77%	Question does not apply to this group.	77%	87%	86%	93%	94%
Aetna U.S. Health Care	79	83▲	94	78	80	81▲		77	93▲	88	95	98▲
Blue Shield Access+ HMO	62▼	72▼	87▼	76	77	68▼		70▼ <sup>3</sup>	89	85	92	92
CIGNA	66▼	77	85▼	70▼	72▼	77		72	86	82▼ <sup>3</sup>	91	94
Health Net	73	80	92	74▼	77	72▼		77	88	88	94	90▼
HP of the Redwoods	H E A L T H P L A N O F T H E R E D W O O D S					F A I L E D T O S U R V E Y T H E I R M E D I C A R E M E M B E R S.						
Kaiser Permanente	86▲	82	97▲	94▲	86▲	90▲	Question does not apply to this group.	83▲	73▼	87	93	96
Lifeguard	81▲	80	96▲	80	83	68▼		78	90	89	96	96
Maxicare	74	81	88	81	81	84▲		67 <sup>3</sup>	90	81 <sup>3</sup>	90	92
PacifiCare of California	82▲	81	93	78	77	73		83▲	89	85	94	95
Universal Care	*	*	*	*	*	*		*	*	*	*	*
PPO PLANS												
Health Plan Avg. (%)	85%	85%	97%	94%	93%	85%	89%	Question does not apply to this group.		91%	96%	95%
CAHP	94▲	86	100▲	95	96▲	88	89		91	97	98▲	
CCPOA	49▼	67▼	77▼	66▼	58▼	44▼	74 <sup>3</sup>		70▼	84 <sup>3</sup>	†	
PERSCare	87	86	98	96	93	87	92		91	95	94	
PERS Choice	76▼	84	95	94	91	84	88		91	95	93	
PORAC	81	84	93	95	92	81	83		93	97	97	

\* Universal Care was not offered to CalPERS members during 1999.

<sup>1</sup> This applies to PPO plans only and asks if there is enough choice of specialists within the PPO networks.

<sup>2</sup> This applies to HMO plans only. PPO plans do not require prior authorization for referrals to specialists.

<sup>3</sup> The rank for this score is correct even though it may look wrong. Extreme differences in plan sample sizes resulted in this statistically correct ranking.

## Health Care Practices

Health plans establish networks of doctors, hospitals, and other providers to provide health care services to our members. Health plans and providers are accountable for providing, evaluating, and improving the quality of care.

The NCQA developed a set of measures called HEDIS® that are designed to identify high quality, effective health care practices in managed care organizations. All CalPERS HMOs are required to participate in NCQA's annual performance evaluation.

Data from each participating plan were collected in a uniform manner. Data from the HEDIS® "effectiveness of care" measures for each plan were obtained by an independent research firm and were audited for validity and precision. These measures evaluate preventive health care, disease screening, and treatment services.

Data about services provided in 1999 were collected and reported in 2000.

Several measures are new or expanded this year, including those that evaluate care provided to people with diabetes, asthma, Chlamydia, and heart disease. Several measures previously reported for the Basic plans have been rotated off this year and will be reported next year including pre-natal and post-partum care, and cervical and breast cancer screenings.

Approximately 324,000 administrative and medical records were confidentially reviewed to determine if the health care provided to the patient was appropriate and effective. Plans were scored based on how they performed and compared to the average scores of the majority of health plans in California, including all of the CalPERS HMOs.

### PERSCare and PERS Choice

CalPERS changed administrators for our self-funded PPO plans, PERSCare and PERS Choice, in 1999. Most of the health care HEDIS® measures reported this year require evaluating services provided over the past two to three years. As a result, the new administrator will not be reporting until next year.

## Performance Measures

Performance Measure	What is Measured?	Why is it Important?
<b>Childhood Immunization Status</b>	Are two-year-olds up-to-date on all recommended shots?	Prevents several childhood illnesses, including measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Hepatitis B, and Hemophilus influenza type b.
<b>Adolescent Immunization Status</b>	Did children receive all recommended shots by age of 13?	Prevents serious diseases such as mumps, measles, rubella, and Hepatitis B.
<b>Breast Cancer Screening</b>	Did women 52 to 69 years old have a mammogram within the last two years?	Detects breast cancer in its early stages, when it is easier to treat.
<b>Beta Blocker After Heart Attack</b>	Did adults who have had a heart attack start taking beta blocker medication upon discharge from the hospital?	Reduces the risk of having another heart attack by lowering blood pressure and slowing heart rate.

## Performance Measures

Performance Measure	What is Measured?	Why is it Important?
<b>Comprehensive Diabetes Care</b>	<p>Did men and women, 18 to 75 years old, with diabetes get appropriate care, including:</p> <ol style="list-style-type: none"> <li>1. <b>LDL Cholesterol Testing</b> was done within the past two years?</li> <li>2. <b>LDL Cholesterol Level:</b> the most recent cholesterol test is less than 130 mg/dL?</li> <li>3. <b>Retinal Eye Exam:</b> a screening exam for diabetic retinal disease was performed within the past two years?</li> <li>4. <b>Kidney Disease Monitoring:</b> persons with diabetes have been screened for kidney disease within the past one to two years, depending on their medical condition?</li> <li>5. <b>Blood Glucose Hemoglobin (Hb) A1c Testing:</b> was done within the past year to measure average blood glucose control over a period of several weeks prior to the test?</li> <li>6. <b>Blood Glucose HbA1c Level:</b> identifies persons with diabetes who have glycalated hemoglobin thresholds below 9.5 percent?</li> </ol>	<p>Reduces the risk of complications from diabetes including blindness, kidney failure, and heart disease.</p> <p>Values above 130 mg/dL indicate a higher risk for heart disease.</p> <p>Lowering Hemoglobin A1c values can significantly reduce the likelihood of complications from diabetes. HbA1c values above 9.5% = very poor control; between 7% and 8% may reflect adequate control; and below 7% = good control.</p>
<b>LDL Cholesterol Management After Heart Problems</b>	<p>Did adults who have had a heart attack, bypass surgery, or coronary angioplasty have a:</p> <ol style="list-style-type: none"> <li>1. <b>Cholesterol Testing</b> drawn; and</li> <li>2. <b>LDL Cholesterol Level:</b> less than 130 mg/dL within two months to one year after the cardiac event?</li> </ol>	<p>Reduces the risk for future heart attack by identifying and treating those with high cholesterol.</p>
<b>Antidepressant Medication Management</b>	<p>Did adults with a new diagnosis of depression and who were treated with antidepressant medication:</p> <ol style="list-style-type: none"> <li>1. <b>Visits:</b> have at least three follow-up contacts with a health care provider during the 12 weeks after being diagnosed?</li> <li>2. <b>Medications (3 mos.):</b> remain on antidepressant medications during the 12 weeks following diagnosis?</li> <li>3. <b>Medications (6 mos.):</b> remain on antidepressant medications for at least six months following diagnosis?</li> </ol>	<p>Reduces the likelihood of a recurrence of depression by appropriate treatment with antidepressant medications.</p>
<b>Asthma Medication Management</b>	<p>Did children and adults, 5 to 56 years old, with asthma, get treated with appropriate medications, preferably inhaled steroids?</p>	<p>Improves long-term control of asthma symptoms and reduces the likelihood of having an asthma attack.</p>
<b>Chlamydia Screening</b>	<p>Did women 16 to 26 years old, who were identified as sexually active, get a screening test for Chlamydia?</p>	<p>Reduces the risk of infertility and ectopic pregnancy resulting from an untreated sexually transmitted disease.</p>
<b>Advising Smokers To Quit</b>	<p>Did smokers, 18 years or older, receive advice to stop smoking when they visited their provider during the past year?</p>	<p>Reduces the risks from smoking, including cancer, heart disease, and early death.</p>



## ▲ = Significantly Above All-Plan Average  
 ## = Average  
 ## ▼ = Significantly Below All-Plan Average  
 NR = Plan Did Not Submit Data for This Measure.

#### CA All-Plan Average:

Statistical tests were used to determine significantly above and below average scores.

† Results not reported because minimum population size not met.

†† Chlamydia is a first-year measure. An **all-plan average** was not computed due to data collection issues.

# Measuring Health Care Practices

## BASIC PLANS

### How effective is the care you get from your doctors and health plan?

For each measure, the scores are the percent of members in the sample who got appropriate care.  
 Generally, the higher the score, the better the overall performance on that measure.

To read the tables, compare the health plan score for each measure against the All-Plan Average, which is the average score for most health plans in California. Do not compare plans within a specific rank. For example, if three plans have scores that are all “above average” on a measure, it may not be statistically valid to compare these plans within that rank due to small sample size for some measures. Only scores that are significantly above or below average are shown with a symbol. All other scores are within the range of average.

IMMUNIZATION STATUS   CARDIAC CARE   COMPREHENSIVE DIABETES CARE   OTHER MEASURES																				
HEALTH PLAN	CHILDHOOD IMMUNIZATIONS	ADOLESCENT IMMUNIZATIONS	BETA BLOCKER AFTER HEART ATTACK	LDL CHOLESTEROL AFTER HEART PROBLEMS		DIABETES LDL CHOLESTEROL		RETINAL EYE EXAM	KIDNEY DISEASE MONITORING	BLOOD GLUCOSE (HEMOGLOBIN A1c)		ANTIDEPRESSANT MEDICATION MANAGEMENT			ASTHMA MEDICATION MANAGEMENT			CHLAMYDIA SCREENING		ADVISING <sup>3</sup> SMOKERS TO QUIT
				TEST	LEVEL < 130 <sup>1</sup>	TEST	LEVEL < 130 <sup>1</sup>			TEST	LEVEL < 9.5 <sup>2</sup>	VISITS	3 MOS.	6 MOS.	5 - 9	AGES 10 - 17	18 - 56	AGES 16 - 20	21 - 26	
CA All-Plan Average (%)	65%	29%	88%	64%	47%	71%	42%	48%	43%	73%	56%	19%	61%	47%	54%	56%	63%	††	††	65%
Aetna U.S. Health Care	68	33	92	61	45	72	41	49	35▼	72	56	20	69▲	52▲	59 <sup>4</sup>	55	62	7	5	58
Blue Shield Access+ HMO	71▲	27	88	57▼	44	66▼	41	46	39	69	53	26▲	53▼	43▼	22▼	38▼	49▼	12	12	†
CIGNA	66	21▼	85	58▼	44	70	42	46	44	74	55	8▼	52▼	37▼	52	56	62	9	9	59
Health Net	62	29	85	63	50	70	42	46	35▼	72	52	4▼	59	44▼	56	59▲ <sup>4</sup>	66▲ <sup>4</sup>	7	5	†
HP of the Redwoods	63	34▲	†	68	50	68	37▼	38▼	44	73	59 <sup>4</sup>	27▲	66	49	68▲	58	66 <sup>4</sup>	7	6	50
Kaiser Permanente	79▲	36▲	94▲	79▲	51▲	74	47▲	70▲	64▲	78▲	59▲ <sup>4</sup>	25▲	70▲	58▲	54	57	58▼	53	43	77
Lifeguard	71▲	33	87	82▲	65▲	87▲	50▲	58▲	41	87▲	73▲	17	58	41▼	58 <sup>4</sup>	60 <sup>4</sup>	70▲	25	22	†
Maxicare	43▼	20▼	69▼	26▼	20▼	64▼	38	32▼	42	69	48▼	26▲	43▼	32▼	61▲	70▲	78▲	NR	NR	74
PacifiCare of California	56▼	26	86	67	49	67▼	36▼	42▼	31▼	69	53	13▼	53▼	39▼	58▲ <sup>4</sup>	57	64	4	4	†
Universal Care	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
National Goal Year 2010 (%)	90%	90%	**	80%	**	80%	**	75%	**	**	**	**	**	**	**	**	**	**	**	**

<sup>1</sup> Cut-off value for LDL Cholesterol is 130 mg/dL; values above this level indicate higher risk for heart disease.

<sup>2</sup> Cut-off value for Hemoglobin A1c is 9.5 percent; values above this level reflect very poor control and greater risk for complications from diabetes.

<sup>3</sup> Data collected through the 2000 CalPERS member survey.

<sup>4</sup> The rank for this score is correct, even though it may look wrong. Extreme differences in plan sample size resulted in this statistically correct ranking.

\* Universal Care was not offered to CalPERS members during 1999.

\*\* National goals have not been established for these clinical standards.



## ▲ = Significantly Above All-Plan Average

## = Average

## ▼ = Significantly Below All-Plan Average

NR = Plan Did Not Submit Data for This Measure.

CA All-Plan Average:  
Statistical tests were used to determine significantly above and below average scores.

† Results not reported because minimum population size not met.

Taking Care of Your Ticker . . .

Heart disease is the number one cause of death in the United States. You can reduce your risk of heart problems and live a healthier life if you:

- watch your cholesterol and eat sensibly;
- get exercise;
- don't smoke; and
- check your blood pressure.



# Measuring Health Care Practices

## MEDICARE PLANS

How effective is the care you get from your doctors and health plan?

For each measure, the scores are the percent of members in the sample who got appropriate care. Generally, the higher the score, the better the overall performance on that measure.

To read the tables, compare the health plan score for each measure against the All-Plan Average, which is the average score for most health plans in California. Do not compare plans within a specific rank. For example, if three plans have scores that are all “above average” on a measure, it may not be statistically valid to compare these plans within that rank due to small sample size for some measures. Only scores that are significantly above or below average are shown with a symbol. All other scores are within the range of average.

CARDIAC CARE				COMPREHENSIVE DIABETES CARE						OTHER MEASURES				
HEALTH PLAN	BETA BLOCKER AFTER HEART ATTACK	LDL CHOLESTEROL AFTER HEART PROBLEMS		DIABETES LDL CHOLESTEROL		RETINAL EYE EXAM	KIDNEY DISEASE MONITORING	BLOOD GLUCOSE (HEMOGLOBIN A1c)		ANTIDEPRESSANT MEDICATION MANAGEMENT			BREAST CANCER SCREENING	ADVISING <sup>3</sup> SMOKERS TO QUIT
		TEST	LEVEL < 130 <sup>1</sup>	TEST	LEVEL < 130 <sup>1</sup>			TEST	LEVEL < 9.5 <sup>2</sup>	VISITS	3 MOS.	6 MOS.		
CA All-Plan Average (%)	90%	61%	43%	74%	47%	64%	44%	76%	65%	8%	62%	47%	76%	68%
Aetna U.S. Health Care	90	50	35 <sup>+</sup>	74	43 <sup>+</sup>	70▲	39▼	77	65	5▼	64	48	72	67
Blue Shield Access+ HMO	87	44▼	38▼ <sup>+</sup>	66▼	41▼	58▼	30▼	65▼	56▼	1▼	66	59▲	73	77
CIGNA	90	48▼	38 <sup>+</sup>	80▲	54▲	68	48▲	79▲ <sup>+</sup>	68	NR	49▼	33▼	78 <sup>+</sup>	79
Health Net	90	67▲	48	71▼ <sup>+</sup>	44 <sup>+</sup>	63	40▼	79▲ <sup>+</sup>	65	1▼	53▼	40▼ <sup>+</sup>	78▲ <sup>+</sup>	70
HP of the Redwoods	†	†	†	72	44 <sup>+</sup>	58▼	42	79 <sup>+</sup>	69	22▲	63	37 <sup>+</sup>	81▲	NR
Kaiser Permanente	96▲	80▲	49▲	83▲	59▲	78▲	69▲	84▲	76▲	14▲	68▲	58▲	80▲	70
Lifeguard	LIFEGUARD FAILED TO REPORT HEALTH CARE PRACTICE MEASURES FOR THEIR MEDICARE MEMBERS.													56
Maxicare	NR	†	†	59▼	37▼	41▼	34▼	58▼	46▼	†	†	†	60▼	53
PacifiCare of California	90	64	49▲	71 <sup>+</sup>	44▼ <sup>+</sup>	59▼	37▼	72▼	63	7	52▼	40▼ <sup>+</sup>	75	67
Universal Care	*	*	*	*	*	*	*	*	*	*	*	*	*	*
National Goal Year 2010 (%)	**	80%	**	80%	**	75%	**	**	**	**	**	**	70%	**

<sup>1</sup> Cut-off value for LDL Cholesterol is 130 mg/dL; values above this level indicate higher risk for heart disease.

<sup>2</sup> Cut-off value for Hemoglobin A1c is 9.5 percent; values above this level reflect very poor control and greater risk for complications from diabetes.

<sup>3</sup> Data collected through the 2000 CalPERS member survey.

<sup>4</sup> The rank for this score is correct, even though it may look wrong. Extreme differences in plan sample size resulted in this statistically correct ranking.

\* Universal Care was not offered to CalPERS members during 1999.

\*\* National goals have not been established for these clinical standards.

## Provider Access

Provider access information is a new feature of the quality report. CalPERS requested that our health plans conduct a telephone survey of their physician provider groups on several access measures, including appointment and after-hour availabilities, and emergency access for physicians in large provider groups. While only a portion of all California physicians were able to participate in the survey this year, CalPERS hopes more will be included next year.

CalPERS wishes to recognize **Blue Cross** (administrator of the PERSCare and PERS Choice plans), **Blue Shield**, and **Health Net** for participating in the survey. Universal Care is a new plan

and was not required to report this year. The remaining CalPERS HMO health plans declined our request to participate in the group-level survey.

Health plans selected the physician groups for the survey and included those who provided care to at least 50 percent of their total membership. A random sample of 100 physicians per group was selected, including 50 who provide primary care and 50 who provide specialty care. Sixteen groups had all 100 physicians complete the survey. The outcomes are reported on the next page. The chart below lists the access measures and an example of the visit/access type and the standard for each.

Measure	Examples of Visit/Access Type	Standard <sup>1</sup>
<b>Prevention:</b> • regular health exam	An adult needing cholesterol screening <b>or,</b> a child needing immunizations.	Within 30 days.
<b>Routine Non-Urgent Illness Visit</b> with: • your doctor • any provider in the office • a specialist	An adult with fatigue, intermittent headaches, and minor joint pain <b>or,</b> a child with a rash that has persisted for two weeks without improving.	Within 7 days for primary care physicians.  Within 14 days for specialists.
<b>Urgent Care Visit</b> with: • your doctor • any provider in the office • a specialist	An adult with sudden, severe abdominal pain <b>or,</b> a child with a serious injury to the arm (possible fracture).	Within 24 hours.
<b>After Hours Telephone</b> access to: • your doctor, or • a doctor on-call	An adult with diabetes, taking medication, with high blood sugar <b>or,</b> a child with severe ear pain.	<b>Always:</b> You can reach your doctor, or an on-call doctor, before the office is next open.
<b>After Hours</b> access to: • emergency information	An adult with chest pain and shortness of breath.	<b>Always:</b> In an emergency, you are told to hang up and dial 911 or to go <b>immediately</b> to an emergency hospital.

<sup>1</sup> Health plans are required by contract to meet minimum access standards for each of these measures.

# Measuring Provider Access

*The following table reports the percentage of providers, within each group, that met the access standards for each measure.*

	PREVENTION REGULAR HEALTH EXAM	ROUTINE ILLNESS			URGENT CARE			AFTER HOURS	
PHYSICIAN GROUP	WITH YOUR DOCTOR	YOUR DOCTOR	ANY DOCTOR	SPECIALIST	YOUR DOCTOR	ANY DOCTOR	SPECIALIST	YES	TOLD 911
Measurement Standard	30 days	7 days	7 days	14 days	24 hrs	24 hrs	24 hrs	100%	100%
Affiliated Private Practice Association	86%	92%	90%	86%	88%	95%	74%	79%	79%
Alta Bates Medical Group	69	84	77	68	80	94	64	77	66
Brown & Toland	83	88	84	73	86	100	76	81	59
Delta IPA	83	98	80	70	96	90	77	74	74
Hill Physicians Medical Group	78	88	83	75	93	92	77	78	76
Memorial HealthCare IPA	89	84	94	78	89	97	86	87	77
Monarch Healthcare Medical Group	74	92	84	78	92	100	69	82	68
Personal Care Medical Group	91	93	84	92	91	92	86	60	66
Physician Associates of the Greater San Gabriel Valley	87	87	88	87	91	85	75	86	67
Physicians Medical Group of San Jose	87	93	89	86	98	95	86	78	79
Prime Care Medical Group	91	93	80	89	94	82	69	72	78
Prospect Medical Group	92	84	100	75	88	90	77	83	70
Santa Clara County IPA	83	93	93	79	93	97	79	72	84
Sante Community Physicians	79	89	76	70	95	89	70	76	49
Sharp Community Medical Group	85	75	83	72	85	96	66	77	70
University Affiliates IPA	60	53	74	93	75	81	88	87	59



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